



**APPLICATION FOR SPACE AT THE ROCHESTER PUBLIC MARKET**

-please print-

**NAME:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE #:** \_\_\_\_\_ **WOULD YOU LIKE THIS # GIVEN OUT?** Y N

**BUSINESS NAME:** \_\_\_\_\_ **BUSINESS E-MAIL:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**BUSINESS PHONE #:** \_\_\_\_\_ **WOULD YOU LIKE THIS # GIVEN OUT?** Y N

**TYPE OF MERCHANDISE:** \_\_\_\_\_

**NEW YORK STATE TAX ID #:** \_\_\_\_\_ **OR PENDING TAX ID #, SOCIAL SECURITY #** \_\_\_\_\_

**BANK REFERENCE:**

**NAME OF BANK:** \_\_\_\_\_ **LOCATION** \_\_\_\_\_

**BUSINESS REFERENCE (eg. Utility Co., Phone Co., Product Supplier):**

1. **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person (if applicable):** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person (if applicable):** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**VENDORS SIGNATURE ON THIS DOCUMENT VERIFIES THAT THE VENDOR HAS CAREFULLY  
READ, UNDERSTANDS, AND AGREES TO ALL PROVISIONS IN THIS VENDOR PACKAGE.**

**Vendors**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_